

FILED MAY 25 1955

STANDARD CERTIFICATE OF DEATH

State File No.

16783

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

4191

I. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION: D.O.A. Homer Phillips Hosp		e. STREET ADDRESS (If rural, give location) 21 2824A Cass Avenue 2210	
3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) W c. (Last) LEACH		4. DATE OF DEATH (Month) (Day) (Year) May 9 1955	
5. SEX Male 2	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 9 1888
9. AGE (In years last birthday) 66		10. IF UNDER 1 YEAR Months 6 Days 0	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Rail Road	
11. BIRTHPLACE (City and State or Foreign Country) Booneville Miss /		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Richmond Leach		13b. MOTHER'S MAIDEN NAME Bettie ?	
14. NAME OF HUSBAND OR WIFE Lillian Leach			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 702-16-3465	
17. INFORMANT'S SIGNATURE OR NAME Lillian Leach 2824A Cass Ave		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema and Congestion; DUE TO (b) Cardiac Hypertrophy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4343			
22: I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 706 p.m., from the causes and on the date stated above.			
23a. SIGNATURE James M. Kelly		23b. ADDRESS 1300 Clark Avenue	
23c. DATE SIGNED 5/11/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 14 1955	
24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo	
DATE REC'D BY LOCAL REG. MAY 11 1955		REGISTRAR'S SIGNATURE J. H. Randle & Son 3133 Bell Avenue	
25. FUNERAL DIRECTOR'S SIGNATURE J. H. Randle & Son		ADDRESS 3133 Bell Avenue	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 269

P. O. Address 2769 dham

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.